| CONFIDENTIAL | | | | | | | lowa | a Department of Public Health |
|-----------------------------|--|-------------------------|----------------------|-------------------|---------------------|------------------|--|-------------------------------|
| SARS | P | Agency: hone number: | | | | Status Reviev | TATE USE O Confirme Suspect ver initials: | ed Probable |
| | | none number. | | | | Referre | ed to another | state: |
| CASE | | | | | | | | |
| First and middle | | | | | | / e 🗌 Male | Other | |
| Maiden name: | Suffix: | | Pregna | | |]No ∏Un | | date: / / |
| Address line: | | | Mar stat | rital [tus: [| Single | ed 🗌 | Married Parent with p | Separated |
| Zip: | City: | | Ra | | | | Alaskan Nativ erican | |
| State: | County: | | i tu | | | an or Pacific | | |
| | () Туре: _ | Davaat | Ethnic /Guard | - |] Hispan | ic or Latino | 🗌 Not Hispa | anic or Latino 🛛 Unknown |
| Long-term care resident: | 🗌 Yes 🗌 No 📄 Unknown | | nan | me: | | | | |
| Facility name: | | | /Guard phoi | |)- | - | | Туре: |
| EVENT | | | | | | | | |
| Diagnosis date: | Onset / / date: | 1 1 | | Las | t name [.] | | | |
| Event outcome: | Survived this illness Died fr | rom this illness | | | | | | |
| | Date of death / / | | c. | Firs | t name: | | | |
| Event exception | Case could not be interviewed Case refused interview Other – see notes | | provider information | Provid | der title: | □ ARNP □ DO | |) |
| Outbreak related: | Yes No Unknown | | der inf | | | | | |
| Outbreak name: | | | rovic | Facility | y name: | | | |
| Exposure setting: | | | are p | Addres | s line 1: | | | |
| Epi-linked: | ☐ Yes ☐ No ☐ Unk To whom: _ | | р Ц | | | | | |
| Location acquired: | ☐ In USA, in reporting state ☐ In USA, outside reporting state | | Hea | | | | | City: |
| | Outside USA Unknown | | | | | | | |
| | State: Country: | | | | | | - | |
| LABORATORY F | | | | | | / | | .,, |
| | | | | | | | | |
| | | Accession | | | | | ection date: | |
| Date received: | | Specimen sourc | :e: | | | | Test type: | Positive |
| Result type: | Preliminary Final | Result dat | ie: | / | 1 | | Result: | ☐ Negative |
| Organism: | SARS-CoV | | | | | | | |
| Laboratory: | | Accession | #: | | | Coll | ection date: | 1 1 |
| Date received: | 1 1 | Specimen sourc | :e: | | | | Test type: | |
| Result type: | 🗌 Preliminary 🔄 Final | Result dat | ie: | / | 1 | | Result: | ☐ Positive ☐ Negative |
| Organism: | SARS-CoV | | | | | | | |

| CONFIDENTIAL | PAT | FIENT N | IAME: _ | | | | | | low | a Departr | nent of Public Health |
|---|--|---|--|---|--|--|-------------------------------------|-----------|-----------------------------|----------------|-----------------------|
| Laboratory: | | | | A | ccession #: | | | Colle | ction date: | | |
| Date received: | | | | | | | | | Test type: | | |
| Result type: | Prelimina | ary 🔲 | Final | | | / | | | Result: | ☐ Pos ☐ Neg | |
| Organism: | SARS-CoV | | | | | | | | | | |
| OCCUPATIONS | | | | | | | | | | | |
| Interpret 'occupa (If yes, complete th | | | | | | at least one | occupatio | n' | | | |
| Occupation type | | | | | Job title: | | | | | | |
| Worked after symptom onset | | 🗌 No | 🗌 Unkn | own Fa | | | | | | | |
| Date worked from | / | / | | | Address: | | | | | | |
| Date worked to | | 1 | | | Zip code: | | | | | | |
| Removed from duties | i ⊡ Yes | 🗌 No | 🗌 Unkn | own | City: | | | State: | | Count | y : |
| Date removed | | | | | | ()- | | | | | |
| Attend or provide | child care: | 🗌 Yes | 🗖 No | Unknowi | n | Direct pa | atient care o | duties in | | | Unknown |
| | | ☐ Yes ☐ Yes | | Unknowi | | | health care h care work | | ☐ Yes | 🗌 No | Unknown |
| Occurrentian true | | | | | lah titlar | | | | | | |
| Occupation type Worked after | - | | | | | | | | | | |
| symptom onset | | _ | | | | | | | | | |
| Date worked from | | | | | | | | | | | |
| Date worked to Removed from | | | | | | | | | | | |
| Date removed | | | | | | ()- | | | | Count | y: |
| Ha | andle food: | 🗌 Yes | 🗌 No | Unknowi | n | Work in a | health care | setting: | | 🗌 No | Unknown |
| Attend or provide Atte | nd school: | 🗌 Yes | 🗌 No | 🗌 Unknowi | n | lab or | | setting: | 🗌 Yes | 🗌 No | Unknown |
| | ab setting: | L Yes | 🗌 No | | 1 | Healt | h care work | (er type: | | | |
| HOSPITALIZATIC | | | | nknown | | | | | | | |
| | | | | | | | | | | | |
| Hospital | | | | | | y: 🗌 Yes | | | | | : |
| Admission date | / | 1 | | D | ischarge dat | e: / | 1 | | Days ho | spitalized | : |
| Currently isolated | | |] Unk | Current | isolation typ | e: | | | | | |
| CLINICAL INFO 8 Initial classificati (select on | on Sev e): milc Sev Milc Sev | vere respir I to mode vere respir I to mode vere respir | rate respir ratory illne rate respir ratory illne | ess with no kn ratory illness a ess and epi lin ratory illness a ess and epi lin ness and labo | and epi link i ik including p and epi link i ik including l | oossible SAR ncluding likel ikely SARS e | S exposure / SARS exp xposure | • | | | |
| Fe | ver: 🗌 Ye | es 🗌 No | Unk | | Onset D / | | Duration: | hou | urs/days | Highest C/F | known fever: |
| Other sympto | | nills | _ | | ☐ Diarr ☐ Feve | | | | ness of bro iratory dist | | |

| Health care provider visited: | 🗌 Yes | 🗌 No | 🗌 Unknown |
|-------------------------------|-------|------|-----------|
|-------------------------------|-------|------|-----------|

| If Yes, complete Facility name: | | - | e: | | | | | | | | |
|--|---|--|---|--|---|--|--------------------------|---|--|----|---|
| | | | | | | Zip code: | | | | | |
| | | | | | | County: | | | | | |
| Phone: (| | | | | | Date visited: | | | Time visited: | | _ |
| Provider | | | 1990. | | | | | | violitica. | | |
| Chest x-ra | ay done: | 🗌 Yes | 🗌 No 📋 Unk | Date: | 1 | <u>/</u> Res | ult: | | | | |
| Pne | umonia: | 🗌 Yes | 🗌 No 📋 Unk | | Suggestive | e of RDS: | Yes [| 🗌 No 🔲 Unk | | | |
| CAT sca | in done: | 🗌 Yes | 🗌 No 📋 Unk | Date: | / | / Res | ult: | | | | |
| Updated class (sele | ect one): | Mild Seve Mild Seve Clini Not a | ere respiratory illne: to moderate respira- ere respiratory illne: to moderate respira- ere respiratory illne: cally compatible illr a case: negative se a case: alternative | atory illne ss and ep atory illne ss and ep ness and l erology (> | ss and epi link i link including ss and epi link i link including aboratory con 28 days post | <pre>< including possi possible SARS including likely likely SARS ex firmation of SAF onset)</pre> | expo SARS posure | sure S exposure e | | | |
| INFECTION TI | MELINE | | | | | | | | | | |
| Enter onset o box. Enter da exposure per | ates for sta riod and sta | rt of art and | | The in | URE PERIOD cubation perio is 3 to 10 day | od for | set | SARS is com | NICABLE PERIO | |] |
| end of comm | | | | •••••• | | | | 1 1 | | | |
| RISK FACTOR Risk Factors Did the cas | RS/TRAVE | L nforma y travel | | | | | <u>i</u> | 1 1 | | | |
| RISK FACTOR Risk Factors Did the cas | RS/TRAVE | L nforma y travel ansmiss | to an sion? | | Unknown I | | 1 [| 1 1 | Departure | / | 1 |
| RISK FACTOR Risk Factors Did the cas area with Traveled | RS/TRAVE | L nforma y travel ansmiss | to an sion? | <u>No</u> / | Unknown I / | f yes, where: Traveled | 1 [: [n [| Yes 🗌 No | Departure | | |
| RISK FACTOR Risk Factors Did the cas area with Traveled within lowa: City within | S/TRAVE | L nforma y travel ansmiss No No e nobile | to an sion? | <u>No</u> / | Unknown I / / | f yes, where: Traveled within lowa City within | | Yes □ No Unk Yes □ No Unk Airline Automobile Bus | Departure date: Return date: Company | | 1 |
| RISK FACTOR Risk Factors Did the cas area with Traveled within lowa: City within lowa: | S/TRAVE | L nforma y travel ansmiss No No e nobile e ship | to an sion? | <u>No</u> // | Unknown I / / | f yes, where: Traveled within lowa City within lowa | |] Yes ☐ No] Unk] Yes ☐ No] Unk] Airline] Automobile | Departure date: Return date: Company | / | 1 |
| RISK FACTOR Risk Factors Did the cas area with Traveled within lowa: City within lowa: | S/TRAVE /Travel li se recently h SARS tr 9 Yes 0 Unk 9 Yes 0 Unk 0 Autor 0 Bus 0 Cruise | L nforma y travel ansmiss No No e nobile e ship | to an sion? ☐ Yes ☐ Departure date: Return date: Company name: |] No [] / / | Unknown I / / | f yes, where: Traveled within lowa City within lowa | | Yes □ No Unk Yes □ No Unk Airline Automobile Bus Cruise ship | Departure date: Return date: Company name: | / | 1 |
| RISK FACTOR Risk Factors Did the cas area with Traveled within Iowa: City within Iowa: Type: | S/TRAVE | L nforma y travel ansmiss No No e nobile e ship No | to an sion? Yes Departure date: Return date: Company name: Transport #: Symptomatic |] No □ / / | Unknown I / / | f yes, where: Traveled within lowa City within lowa Type | | Yes □ No Unk Yes □ No Unk Airline Automobile Bus Cruise ship Train Yes □ No | Departure date: Return date: Company name: Transport #: Symptomatic | // | 1 |
| RISK FACTOR Risk Factors Did the cas area with Traveled within Iowa: City within Iowa: Type: Tour group: Traveled within U.S.: | S/TRAVE | L nforma y travel ansmiss No No No e nobile ship No No No | to an sion? Yes [Departure date: Return date: Company name: Transport #: Symptomatic during travel: |] No □ / / | Unknown I / / | f yes, where: Traveled within lowa City within lowa Type Tour group Traveled within U.S. | | Yes □ No Unk Yes □ No Unk Airline Automobile Bus Cruise ship Train Yes □ No Unk | Departure date: Return date: Company name: Transport #: Symptomatic during travel: Departure date: | / | / |
| RISK FACTOR Risk Factors Did the cas area with Traveled within Iowa: City within Iowa: Type: Tour group: | S/TRAVE | L nforma y travel ansmiss No No No e nobile ship No No No | to an sion? Yes Departure date: Return date: Company name: Transport #: Symptomatic during travel: Departure |] No □ / / | Unknown I / / | f yes, where: Traveled within lowa City within lowa Type Tour group | | Yes □ No Unk Yes □ No Unk Airline Automobile Bus Cruise ship Train Yes □ No Unk | Departure date: Return date: Company name: Transport #: Symptomatic during travel: Departure | / | 1 |
| RISK FACTOR Risk Factors Did the cas area with Traveled within Iowa: City within Iowa: Type: Tour group: Traveled within U.S.: | S/TRAVE | L nforma y travel ansmiss No No e nobile ship No No No No No e nobile | to an sion? Yes Departure date: Return date: Company name: Transport #: Symptomatic during travel: Departure date: |] No □ / / | Unknown I / / | f yes, where: Traveled within lowa City within lowa Type Tour group Traveled within U.S. | | Yes □ No Unk Yes □ No Unk Airline Automobile Bus Cruise ship Train Yes □ No Unk Yes □ No Unk Yes □ No Unk Airline Automobile Bus | Departure date: Return date: Company name: Transport #: Symptomatic during travel: Departure date: | / | / |
| RISK FACTOR Risk Factors Did the cas area with Traveled within Iowa: City within Iowa: Type: Tour group: Traveled within U.S.: City, State | S/TRAVE | L nforma y travel ansmiss I No No No e nobile s ship No No No No se nobile s ship s ship nobile s ship | to an sion? Yes Departure date: Return date: Company name: Transport #: Symptomatic during travel: Departure date: Return date: Company |] No □ / / | Unknown I / / | f yes, where: Traveled within lowa City within lowa Type Tour group Traveled within U.S. City State | | Yes □ No Unk Yes □ No Unk Airline Automobile Bus Cruise ship Train Yes □ No Unk Yes □ No Unk Yes □ No Unk Airline Automobile | Departure date: Return date: Company name: Transport #: Symptomatic during travel: Departure date: Return date: Company | / | / |

| CONFIDENTIAL | PATIENT | | | | | Iowa Departm | ent of Public He | ealth |
|--|--|---|---|--|--|--|----------------------------|-------|
| Travel outside | es □ No ik | Departure date: | | Traveled outside U.S.: | ☐ Yes ☐ No ☐ Unk | Departure date: | | |
| City Country: Un | s □ No Ik | Return date: | | City Country | ☐ Yes ☐ No ☐ Unk | Return date: | 1 1 | |
| ☐ Air ☐ Au Type: ☐ Bu | Itomobile | Company name: | | Туре: | ☐ Airline ☐ Automobile ☐ Bus | Company name: | | |
| | iise ship ain | Transport #: | | | □Cruise ship □ Train | Transport #: | | |
| Tour group: | s □ No ik | Symptomatic during travel: | ☐ Yes ☐ No ☐ Unk | Tour group: | ☐ Yes ☐ No ☐ Unk | Symptomatic during travel: | ☐ Yes ☐ No ☐ Unk | 0 |
| Contact with o probable SAR | | 🗌 Yes 🔲 No | o 🗌 Unknown | Contact wit | h epi-linked SARS CoV case: | 🗌 Yes 🗌 No | Unknown | |
| CONTACTS | | | | | | | | |
| Number of people livi Are there close conta | icts of the cas | e with similar s | | 🗌 No 📋 Unknow | n | | | |
| Close contacts with s | similar sympto | | O and an | | A | No | | |
| Name | | DOB | Gender | | Address/P | none | | |
| | | | 🗌 Male 🗌 Female | | | | | |
| | | | Z | ip code: | Pho | one: - | - | |
| | lationship to c | | | List symptor | ns | Symptom onset date | | act a |
| ☐ Spouse ☐ Child ☐ Sibling ☐ Roommate ☐ Parent/ guardian | Friend/aco | ember (non-hous quaintance vork/school/etc | sehold) | | | | ☐ Yes ☐ No | |
| | | If this contac | t is a case create a | new event and/or cas | e for this contact | ◀ | | |
| Did the case rece area with SARS | | an | t is a case create a] No □ Unknown | new event and/or cas If yes, where: | e for this contact. | • | | |
| | | an | | | e for this contact. | ◆ | | |
| area with SARS | | an n? ∐Yes [| No Unknown Gender Male Female | If yes, where: | Address/P | | | |
| area with SARS | | an n? []Yes [] DOB | No Unknown Gender Male Female | | Address/P | one: - | - | |
| area with SARS | 8 transmission | an P Yes DOB / / case | No Unknown Gender Male Female | If yes, where: | Address/P | | | act a |
| area with SARS | ationship to c | An PYes DOB / / Case Intact Sember (non-hous quaintance work/school/etc (Other |] No Unknown Gender Male Female Z sehold) | If yes, where: ip code: List symptor | Address/P Pho ns | one: - Symptom | | act a |
| Area with SARS | ationship to c Sexual co Sexual co Family me Friend/acc Contact- v Unknown/ | |] No Unknown Gender Male Female Z sehold) | If yes, where: | Address/P Pho ns | one: - Symptom | case? | act a |
| Area with SARS | ationship to c Sexual co Sexual co Family me Friend/acc Contact-v Unknown/ | An PYes D DOB / / case ntact ember (non-hous quaintance work/school/etc Other If this contact an |] No Unknown Gender Male Female Z sehold) | If yes, where: ip code: List symptor | Address/P Pho ns | one: - Symptom | case? | act a |
| Area with SARS | ationship to c Sexual co Sexual co Family me Friend/acc Contact-v Unknown/ | An PYes D DOB / / case ntact ember (non-hous quaintance work/school/etc Other If this contact an | No Unknown Gender Gender Male Female Z sehold) | If yes, where: ip code: List symptor | Address/P Pho ns | one: - Symptom onset date / / | case? | act a |
| Area with SARS | ationship to c Sexual co Sexual co Family me Friend/acc Contact-v Unknown/ | An PYes DOB / / case ntact ember (non-hous quaintance work/school/etc /Other // this contact If this contact An PYes [| No Unknown Gender | If yes, where: ip code: List symptor | Address/P Pho ns se for this contact. | one: - Symptom onset date / / | case? | act a |
| Area with SARS | ationship to c Sexual co Sexual co Family me Friend/acc Contact-v Unknown/ | An PYes DOB / / case ntact ember (non-hous quaintance work/school/etc /Other // this contact If this contact An PYes [| No Unknown Gender | If yes, where: ip code: List symptor | Address/P Pho ns se for this contact. | one: - Symptom onset date / / / | case? | |
| Area with SARS | ationship to c Sexual co Sexual co Family me Friend/acc Contact-v Unknown/ | An PYes DOB / / | No Unknown Gender | If yes, where: ip code: List symptor new event and/or cas If yes, where: | Address/P Pho ns se for this contact. Address/P | one: - Symptom onset date / / | case? | |
| Area with SARS | ationship to c Sexual co Friend/acc Contact-v Unknown/ Stransmission | | No Unknown Gender | If yes, where: ip code: List symptor new event and/or cas If yes, where: ip code: List symptor | Address/P Pho ns Se for this contact. Address/P Pho Pho Pho Pho Pho Pho Pho Pho Pho Ph | one: - Symptom onset date / / / Phone One: - Symptom | Case? Yes No | |
| Area with SARS Name Rei Spouse Child Sibling Parent/ guardian Did the case recelerarea with SARS Name Spouse Child Sibling Rei Spouse Child Sibling Rei Spouse Child Sibling Rei Spouse Child Sibling Rei Sibling Sibling Rei Sibling Rei Sibling Rei Sibling Rei Sibling Rei Sibling Rei Sibling Sibling Rei Sibling Sibling Rei Sibling Rei Sibling Rei Sibling Sibling Rei Sibling Sibling Sibling Sibling Rei Sibling Si | lationship to c Sexual co Family me Friend/acc Contact-v Unknown/ ntly travel to a transmission lationship to c Sexual co Family me Friend/acc Contact-v | | No Unknown Gender | If yes, where: ip code: List symptor new event and/or cas If yes, where: ip code: | Address/P Pho ns Se for this contact. Address/P Pho Pho Pho Pho Pho Pho Pho Pho Pho Ph | one: - Symptom onset date / / / Phone One: - Symptom | Case? Yes No | |

State use only

| 11. Classification of patient by state o | f municipality (using CSTE/CDC definitions): SEE APPENDIX B1 |
|--|---|
| Initial Classification (check one only): Report Under Investigation (RUI) a RUI-1 b RUI-2 c RUI-3 c RUI-4 OR SARS disease classification | Updated Classification (check one only): □ RUI-1 □ RUI-2 □ RUI-3 □ RUI-4 □ Probable SARS-CoV Case □ Confirmed SARS-CoV Case |
| Probable SARS-CoV Case Confirmed SARS-CoV Case | Not a case: negative serology (>28 days post onset) Not a case: alternative diagnosis accounts for illness |
| | Date Updated (most recent): |
| | $\overline{m} - \overline{m}' - \overline{d}' - \overline{y} - \overline{y} - \overline{y} - y$ |

13. Alternative Diagnosis

Was an alternative respiratory pathogen detected?

□ Yes □ No □ Unknown

If yes indicate which one (see list below): _____

Alternative pathogen (e.g., Influenza A, Influenza B, RSV, rhinovirus, adenovirus, *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Mycoplasma*, *Chlamydia pneumoniae*, human parainfluenza virus 1, human parainfluenza 2, human parainfluenza 3, human metapneumovirus, *Legionella* sp., other.):

14. List specimens sent to the CDC Chose from the following specimens to enter below: Whole blood, plasma, serum (acute), serum (convalescent), NP swab, NP aspirate, broncheoalveolar lavage specimen, OP swab, tracheal aspirate, pleural tap, urine, stool, tissue. Specimen 1: If 'Tissue', Specify: _____ Date Sent: d d m m уууу If 'Tissue', Specify: Date Sent: Specimen 2: _/__ _ / d d m m уууу Specimen 3: If 'Tissue', Specify: _/_ Date Sent: d d m m ууу V Specimen 4: If 'Tissue', Specify: ____ Date Sent: ___ / __ d d m m ууу У Specimen 5: If 'Tissue', Specify: Date Sent: ___ / ___ __/ d d уууу m m Date Sent: Specimen 6: If 'Tissue', Specify: d d у у у у m m Date Sent: Specimen 7: If 'Tissue', Specify: __/__ d d m m уууу Specimen 8: If 'Tissue', Specify: _____ Date Sent: __/_ d d m m ууу У